

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

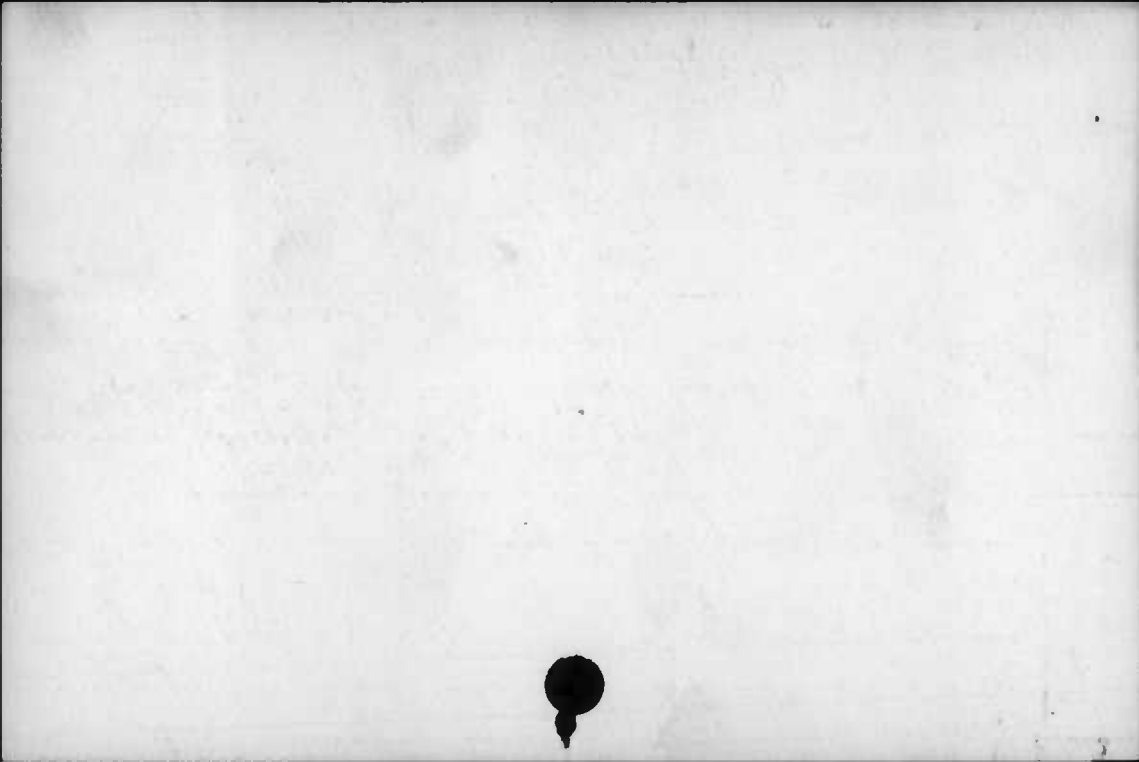
Died at <i>Oakland</i> ^{Town}			<i>Gorrett</i> ^{County}			MARYLAND	
Date of death <i>1908</i>		<i>Sept.</i> ^{Month}		<i>24</i> ^{Day}	<i>74</i> ^{Years}	<i>7</i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>		Color or Race <i>white</i>			Birth-place <i>Burgess</i>		
Occupation <i>Carpenter</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i></i>					
Father's Name <i></i>				Father's Birthplace <i></i>			
Mother's Maiden Name <i></i>				Mother's Birthplace <i></i>			
Name of person giving information <i>Calvin Crum</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Gastric ulcer</i>	How long	<i>it do not know</i>
Immediate	<i>Hematemesis</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. C. Thurbauagh</i>	
		Address <i>Oakland</i>	
Accident or Suicide? <i></i>		<i>md</i>	



Name
in
Full

Valentine Feldy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

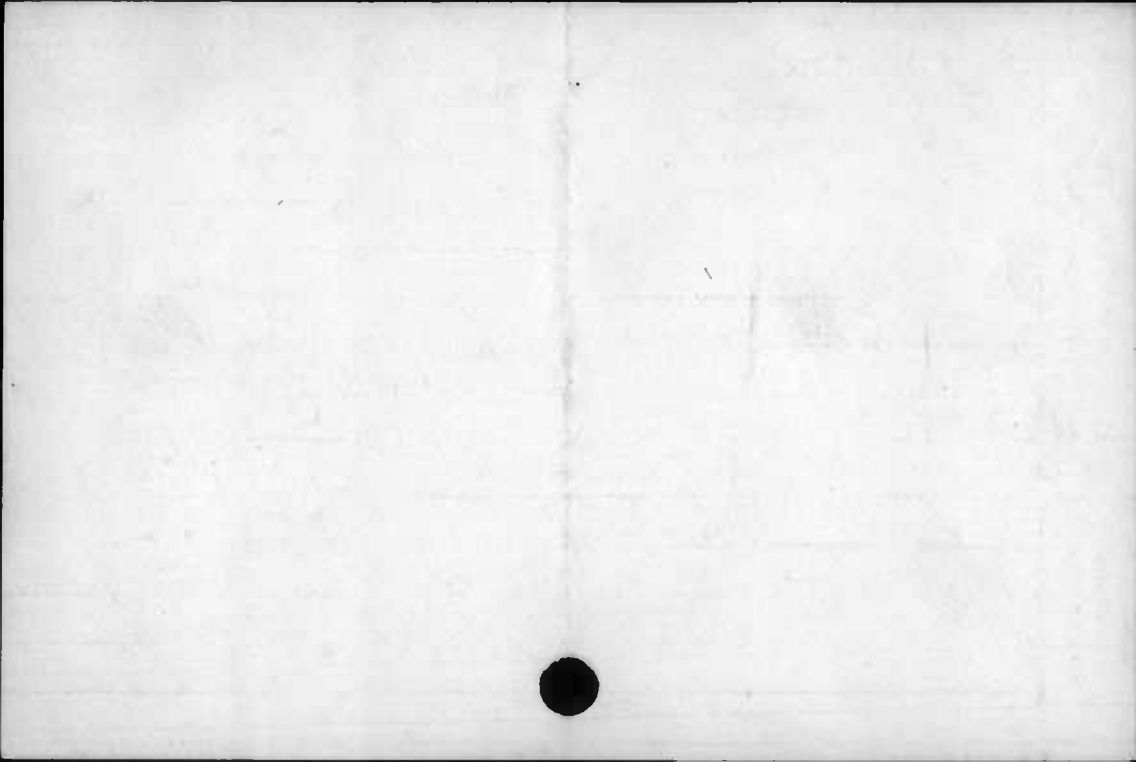
Died at <i>Wilson</i> Town <i>Carroll</i> County		MAY 1901 MARYLAND	
Date of death <i>1901</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>7</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Maryland</i>
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed _____		Name of Wife or Husband _____	
Father's Name <i>Mike Feldy</i>		Father's Birthplace _____	
Mother's Maiden Name <i>Ruby Mrs. Keweenaw</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Wesley Ireland</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Don't Know</i>	How long <i>One day & night</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Health Officer</i>
	Address <i>Oakland Md</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Willie Wendell Greenwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Friendsville		County Garrett		MARYLAND	
Date of death		1908	Month Sep	Day 26	Age 5	Years 7	Months 20
Sex Male		Color or Race White		Birth-place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name J. B. Greenwood		Father's Birthplace Va					
Mother's Maiden Name Carrieline Hetter		Mother's Birthplace Pa					
Name of person giving information J. B. Greenwood		How related to deceased Father					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	How long
Immediate Membranous Croup	How long 1 day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. Mason M.D.
	Address Friendsville, Md.
Accident or Suicide?	

Steel

Name
in
Full

Nancy Hetta place Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

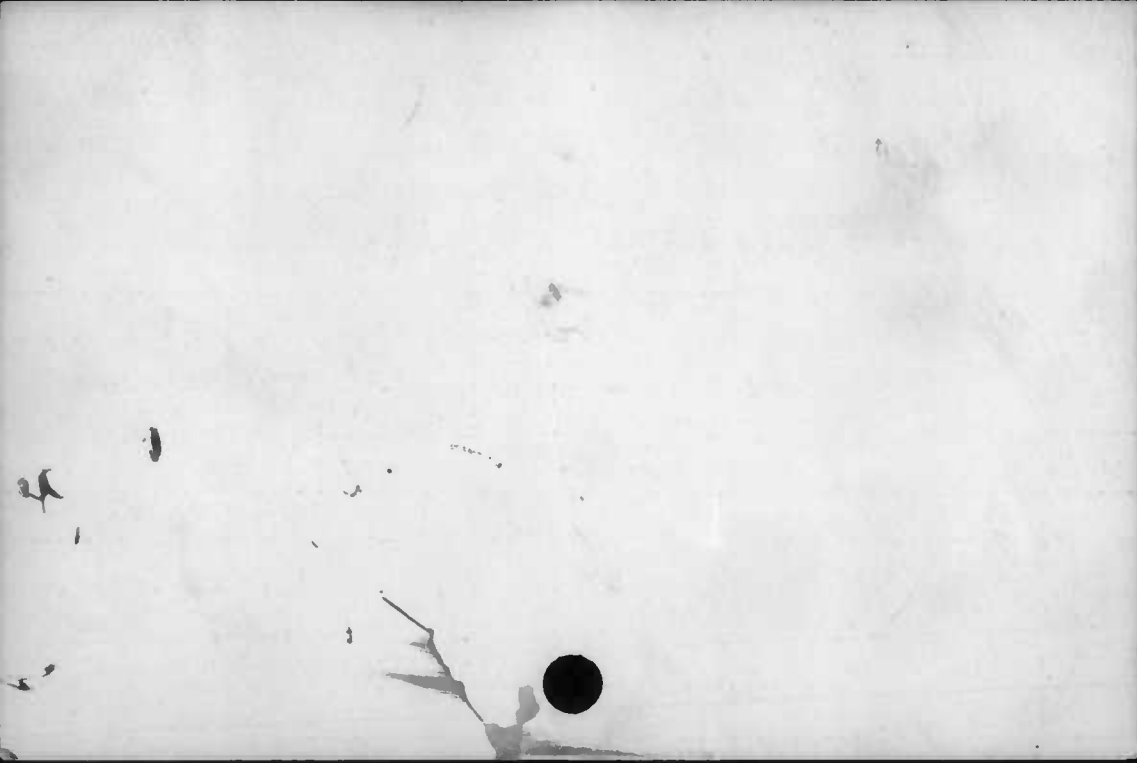
Died at		Town <i>Grantsville</i>		County <i>Garrett</i>		MARYLAND	
Date of death		Month <i>September</i>	Day <i>Ninth</i>	Years <i>One</i>	Months <i>One</i>	Days <i>Ten</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland Md</i>			
Occupation				Where Residing if not at place of death <i>Cumberland Md</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Edward T. Magruder</i>				Father's Birthplace <i>Baltimore Md</i>			
Mother's Maiden Name <i>Edith May Johnson</i>				Mother's Birthplace <i>Philadelphia Pa.</i>			
Name of person giving information <i>Edward T. Magruder</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>5 weeks 3 days</i>
Immediate	<i>Exhaustion Collapse</i>	How long	<i>8 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Bowen</i>	
Address <i>Grantsville Md</i>		Address <i>Grantsville Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

Baby Moon

Town

County

MARYLAND

Died at *near Deer Park*

Garrett

Date

Month

Day

Years

Months

Days

of death

1908

Sept

8

Age

0

1

21

Sex

Female

Color or
Race

White

Birth-
place

md

Occupation

Infant

Where Residing if not
at place of death

☒

Married, Single
or Widowed

Single

Name of wife or
Husband

☒

Father's
Name

Asa G. Moon

Father's
Birthplace

md

Mother's
Maiden Name

Ada C. Bartz

Mother's
Birthplace

W. Va.

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

151

Primary

Marasmus

How long

Some times

Immediate

Dart Poison

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

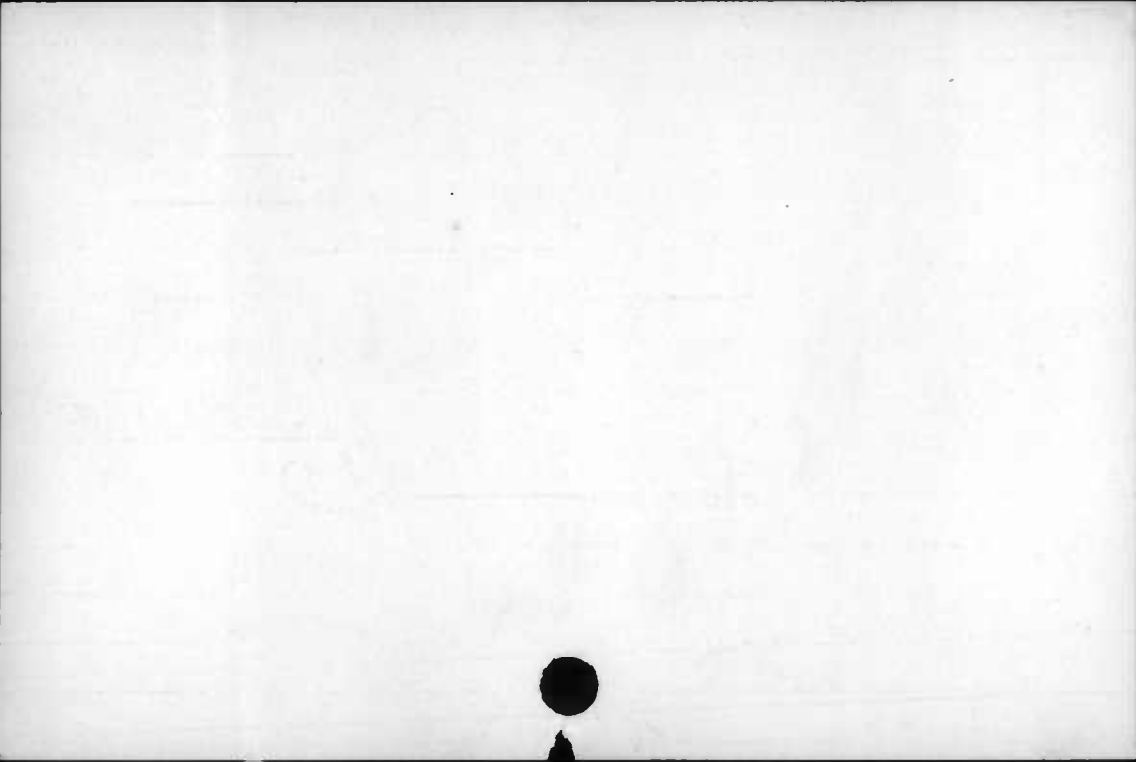
J. E. Legger
Oakland

md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Dora Norris Pritchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died *Her Mt Fore park*

Town

Gorrett

County

Date of death *1908 Sept*

Month

Day

Age *39*

Years

Months

Days

*23*Sex *Female*Color or
Race*White*Birth-
place*Wm*

Occupation

*Housewife*Where Residing if not
at place of death*—*Married, Single
or Widowed*Married*Name of Wife or
Husband*Rev. J. T. Pritchard*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*—*Mother's
BirthplaceName of person giving
In formation*J. T. Pritchard*How related
to deceased*Wife*

CAUSES OF DEATH

79

Primary

Heart Disease

How long

do not know

Immediate

Heart Disease

How long

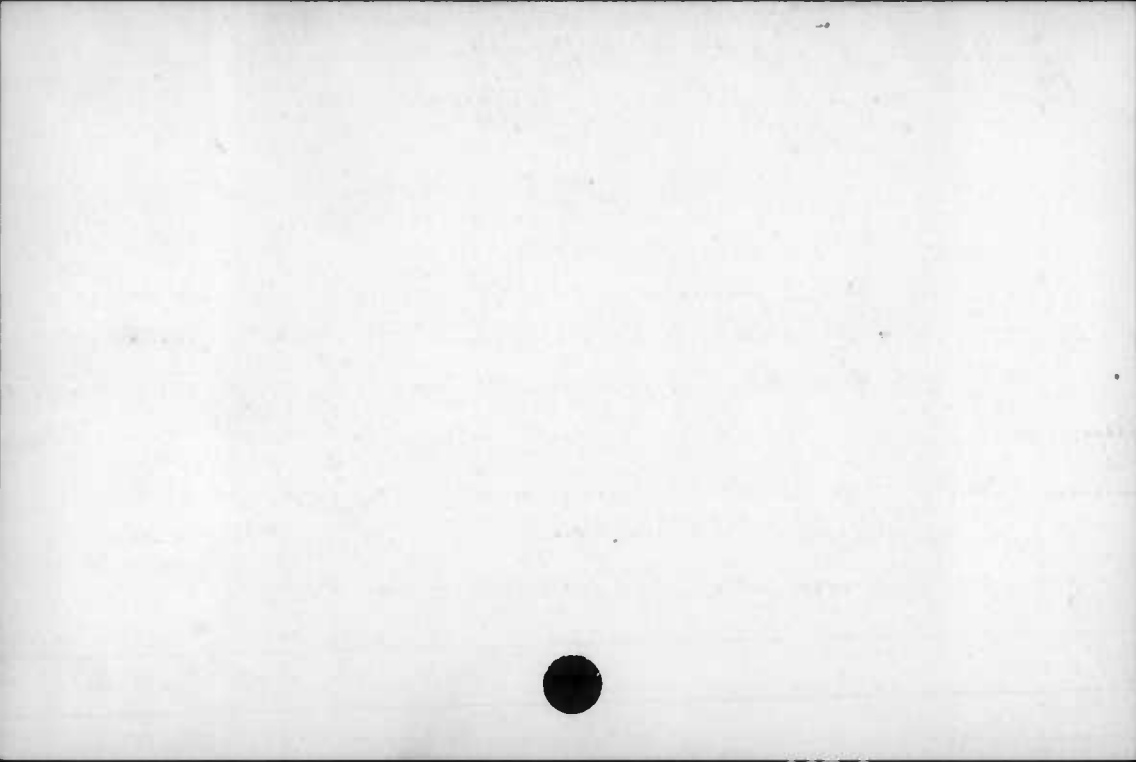
*3 minutes*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*M. C. Dunbar*

Address

*Worcester**MA*

Accident or Suicide?

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

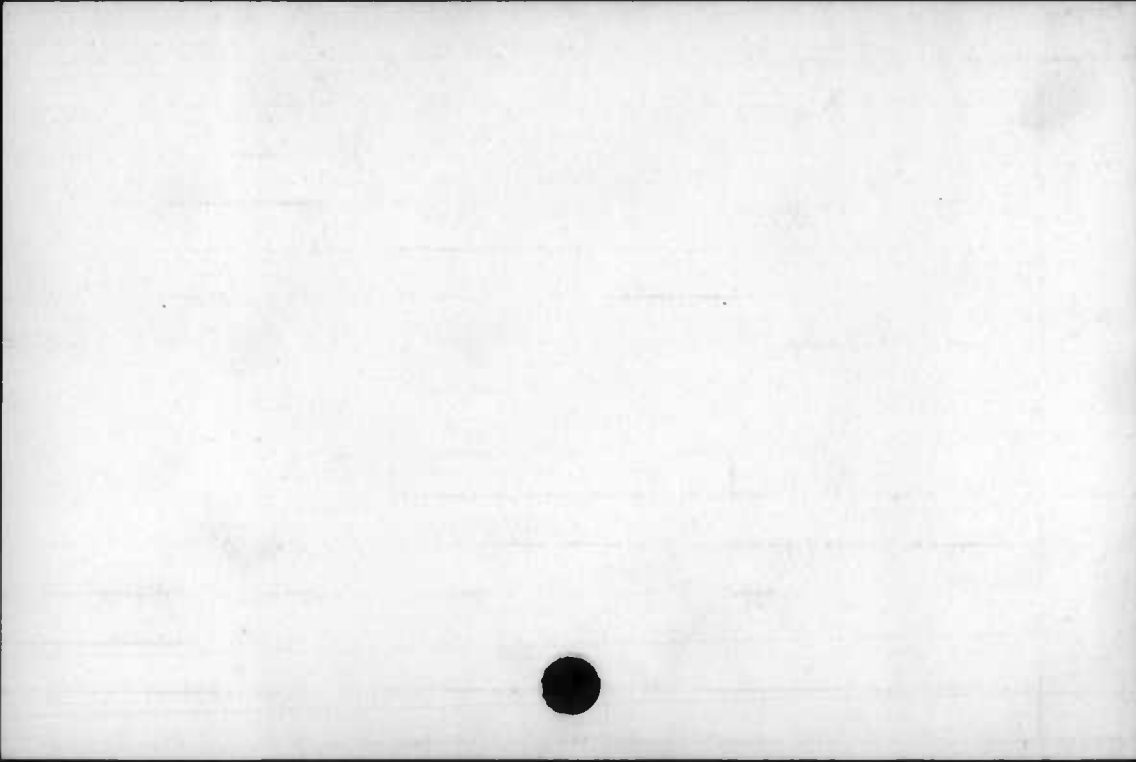
Died at <i>Rice</i> Town		County <i>Garnett</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	
Age		Years		Months	1
Sex		Color or Race	White	Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	2	Name of Wife or Husband	✓		
Father's Name	<i>Wm Rice</i>			Father's Birthplace	Ind
Mother's Maiden Name	<i>Ella Cogley</i>			Mother's Birthplace	Ind
Name of person giving information				How related to deceased	

CAUSES OF DEATH

76

PHYSICIAN
OR CORONER

Primary	<i>Cholera media</i>	How long	2 wks
Immediate	<i>Sepsis due to Mastoiditis</i>	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Egger</i>		
	Address <i>Oakland Ind</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Rebecca Ann Ridgley

Town

County

MARYLAND

Died at

Grantville

Garrett

Date

of death 1908

Month

Day

Age 82

Years

7

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housework

Where Residing if not
at place of death

~~Married~~, Single

Name of Wife or
Husband

Father's
Name

Eli Ridgley

Father's
Birthplace

Md.

Mother's
Maiden Name

Ellen Harden

Mother's
Birthplace

Md.

Name of person giving
In formation

Gregory E. Bevan

How related
to deceased

Nephew

CAUSES OF DEATH

48

Primary

Acute Articular Rheumatism

How long

45 yrs.

Immediate

General debility

How long

3 yrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. C. Barber M.D.

Address

Grantville

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dr. Henry

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

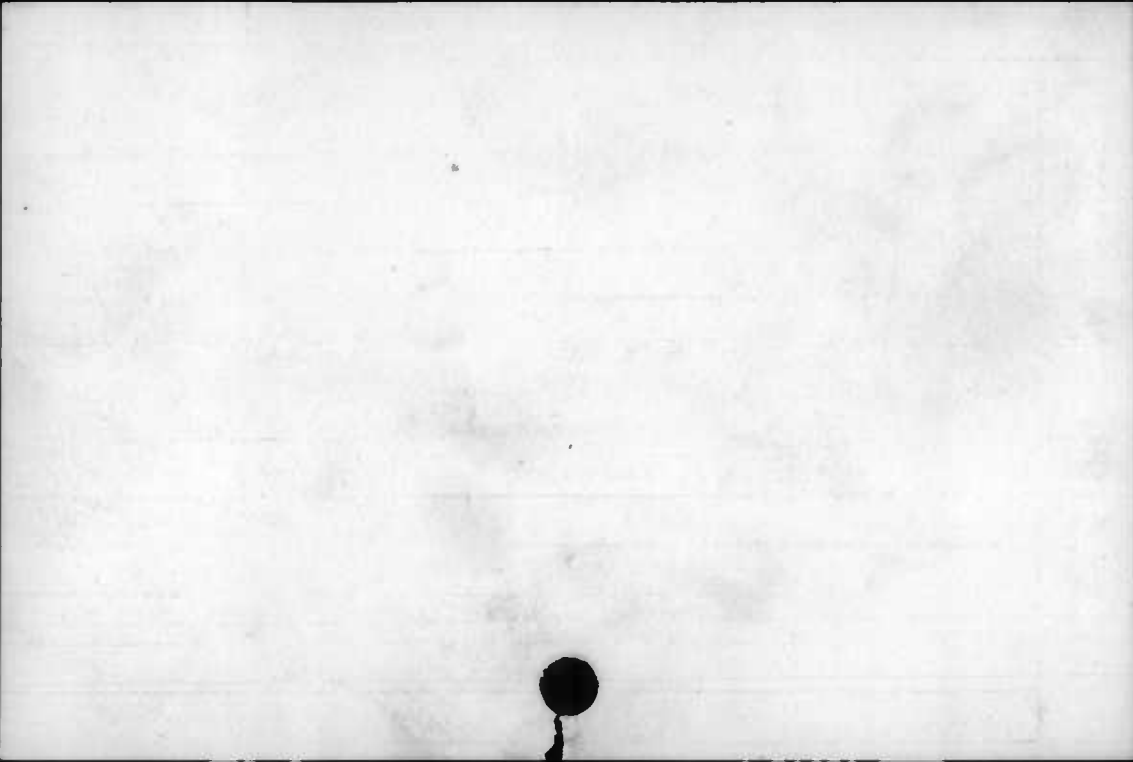
Died ^{near} <i>Riley</i> Town <i>Mr Lake Park</i> County <i>Ganett</i>		MARYLAND	
Date of death 1908	Month <i>Sept</i>	Day <i>14</i>	Age <i>2 hrs</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>	
Occupation <i>✓</i>	Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>✓</i>		
Father's Name <i>Luther Riley</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Louise Dargatz</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Luther Riley</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Egger</i>
<i>9</i>	Address <i>Calverton Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samantha Ora Upole</i>		Town <i>Jennings</i>		County <i>Garrett</i>		MARYLAND	
Died at		Month <i>Sept</i>		Day <i>10</i>		Age <i>9</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>10</i>		Age <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bellevue Md</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>Jennings Md</i>					
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband <i>Child</i>					
Father's Name <i>Truman Upole</i>		Father's Birthplace <i>Garrett Co</i>					
Mother's Maiden Name <i>Grace Turner</i>		Mother's Birthplace <i>Garrett Co W Va</i>					
Name of person giving Information <i>Clarence Mills</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Cryptosporidiosis</i>	How long <i>2 Years</i>
Immediate	<i>Intoxication</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. J. Paterson</i>
Address <i>Garrett Co W Va</i>		
Accident or Suicide? <i>No</i>		

